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## ADDRESS OF THE PRESIDENT.

MISS MAUD BANFIELD

You hardly need to be assured again how warmly we welcome you to Philadelphia. I can but tell you again how sincerely we all hope your short stay with us will prove as pleasant to you as we are sure it will be profitable to us. I have often heard members of this Convention say to each other how pleasant and helpful it is to meet together once a year, and discuss some of the many problems confronting us. I will not attempt to settle all these for you, or even come to any conclusion regarding them, for we are met together just for the purpose of discussion. So that if I cannot be brilliant, I may, at least, be brief. Looking back on the history of this Association—for although only thirteen years old, in work and evolution it may almost be said to deserve the word history—it is to me quite remarkable how these meetings and discussions have helped to solve and place upon a working basis many apparently insoluble difficulties and have changed many apparently unalterable conditions; and this may give us courage for the future. Otherwise, we might well be daunted by present conditions. These difficulties, however, are not peculiar only to our profession. The methods of teaching in the public schools are said to be all wrong—pressure is too great; over-fatigue of students of all sorts is asserted. Lack of ideals in all walks of life, of self-denial and self-sacrifice for the public good, of honesty in work, both corporate and personal; you can hardly take up a magazine or a daily newspaper which does not complain of these things in one form or other, in widely different occupations. The additional difficulty and serious responsibility, which we, as responsible officers of institutions and teachers feel, is that these faults and difficulties which some people airily dismiss as a “tendency of the times,” are especially serious when concerned with the care of the dependent sick and the issues of life and death, which may very literally and actually result from poor and dishonest work and lack of high standards. In most other professions, the disaster caused by these faults is usually visited mainly upon the individual who practices them, and the greatest tragedy is self-deterioration. Not so in a hospital. Others immediately and clearly suffer.

One of the most interesting phases of our work at this time is the dawning realization of the social relation of the hospital and dispensary to the community at large; its hitherto undeveloped and almost unsuspected power to help and teach and guide the patient, whom formerly it thought it did its whole duty by when it put him to bed under the care

of a physician, when he could no longer stand up, and discharged him as soon as he could crawl; or, perhaps, on the other hand, it insisted on a patient, who could well work part time, and keep his family and little home together by so doing, entering the hospital for the sake of providing "material" for students, or "bed days" to substantiate the claim made to the city or state for maintenance of in-patients. But the margin of the poor is very small, and a home once broken up by several weeks' stay of the bread-winner in a hospital, is hard to get together again. A recent issue of *Charities* states that over 60 per cent. of those applying for assistance ascribe their dependence to sickness. In this newly-learned relation to its patient, the hospital discovers that it is in truth its brother's keeper, and owes him as a matter of justice its experience and wisdom in keeping him in health with the minimum amount of medicine and hospital care; and owes it to him to teach him how to guard the other members of the family from contracting disease. This, of course, especially applies to patients suffering from tuberculosis, but is by no means confined to them. The good that can be done, providing always that those employed to do it are wise and kind, and thoroughly taught, and therefore capable of being a real help, presents to our minds and hearts a most fascinating and illimitable field. In these cases charity is but justice. But to do this work, patients must be followed to their homes. And to follow them, it is not sufficient to provide a well-intentioned lady of charitable instincts, or a pupil nurse hardly yet sure of her own ground. A woman is needed with a natural breadth of view, quick understanding, and wide sympathies, and in addition a thoroughly trained nurse. In the one or two hospitals which have already tried the institution of a "social visitor" in connection with their dispensary work or discharged ward patients, it has been pronounced of great value, opening a wide field for helpfulness.

There are many other branches of social service also open to women, in which a hospital training is almost invaluable—health board inspection, factory and bake shop inspection, charity organization work, nurses' settlements, are a few of the many avenues of work in which a nurse's training is exceedingly valuable, and in some cases, an absolute requisite. This leaves out of account the many executive positions in hospitals and other institutions, which we all of us find it so hard to secure competent women to fill. And yet, in the face of all this, we have the superficial and thoughtless cry that nurses are being "taught too much," and while some say there are too many of them, others say there are not enough. And to remedy all evils, a return to two years' training, less well taught nurses and a lower standard, is thrust upon us as a panacea! There is no

doubt that some kinds of patients do require a maid or attendant, rather than a nurse, but this is a different matter. With the short term special or private hospitals, whose graduates gladly undertake to nurse *any* case, and the correspondence-schools, it surely is not necessary to level all schools down to that basis. The scarcity of good material out of which to teach women to be nurses seems to be very general throughout many different states, and amongst hospitals offering a wide variety of work. The reasons given are various. Some ascribe it to the general prosperity of the country, others to the wide variety of other avocations now open to women, less exacting in their demands upon the time and strength, than nursing. Moreover, in taking up nursing, the applicant seems to consider private nursing the only possibility after she graduates, ignoring entirely the many other avenues open to her. Then the quality of material when obtained is found to leave a good deal to be desired. Neither physicians, parents or guardians seem to reflect that when they send to the hospitals young women of twenty-one or more years of age, they send either some one whose character is more or less formed; who has been taught to consider the rights and privileges of others, to be unselfish in the many small ways required of those living in the family, and perhaps with high, even though vague, ideas as to the help she may learn to be to suffering humanity; *or*, they send a young girl who has been waited upon by her mother and other members of her family, been given her own way or allowed to sulk or be cross if she did not obtain it, and who has, in short, no one's advantage but her own in view for any work she may take up. If not entirely selfish, she is often entirely self-centred. She has never been taught to be anything else. It is impossible in the two or three years at the disposal of a busy superintendent of nurses to eradicate all the faults of home training and environment and implant in their place all the virtues. And yet it is the hospital that is blamed if this is not done, and blamed for not accomplishing impossible results. The attitude of that portion of the medical profession, which writes hostile articles in journals in regard to nurses, and talks slightly of them at every opportunity, may in time also undoubtedly affect the desire of women of the better class to enter this work. For the public does not realize that this attitude is by no means representative of the medical profession, and that this vociferous opposition to better schools and state registration is simply a matter of vested interests. Many of us in taking up nursing had a vague idea that it was a work which was considered by every one as very essentially a woman's work, and ideals of service and self-sacrifice drew many to the ranks of hospital workers.

Some ten or fifteen years ago, when in England, Scotland and Ireland,

the waiting list of probationers for admission to hospitals was very long, and the requirements not too easy to attain, a lady asked Sir Matthews Duncan: "How long will this rage for hospital nursing last?" He replied: "Just so long as the religious motive in seeking it lasts, but no longer." And it seems as if this might have some elements of truth in it. But it is difficult to teach the rising generation the desirability of hard work, negation of self, and so forth, in view of the modern idea of each one getting the most out of life for himself, with the candid avowal of disregard for others. I cannot see that hospital life will ever be carried on without self-sacrifice, and that the consideration of the individual worker can ever be put before that of the sick. There is, after all, no virtue older than self-sacrifice, nothing more powerful to move the world, nothing newer that is better. But no one ever maintained that it was comfortable, and always marched with one's desires.

As to the cure of these difficulties, the arrest of the retrograde movement of lower standards as typified by the two years' preparation, in place of the three which we fought so hard for, the encouragement of the entrance of women of education and refinement into nursing work, other than private nursing—this might all be helped very materially by the united effort of the members of this association. You have all borne the yoke of responsibility for others. Through no fault of our own, but rather owing to the conditions now prevailing in educational and working matters, it seems as if we must needs soon go out into the world to fight for our right to do the best work we know, instead of the less good which the uninformed are willing to accept. It may be desirable to write and endeavor to publish in lay magazines the many lines of work open to nurses, other than private nursing, with the possible salary such positions bring. Many women have to work, and not only support themselves, but others. Then I think the allowance made the nurse whilst in training should be sufficient, even if only just sufficient, to render her independent of support from friends or family. Protection from attack by a certain element of the medical profession might be dealt with effectively with a little trouble if it seemed worth while.

I recently read the following, which reminded me of you all and of your efforts: "The gain which men and women have made in self-control, understanding of life, beauty and nobility of character, have been secured by those who have lived in advance of the standards of their time. In every generation and in every country there has been a group of those upon whom the light of the morning rested and who have pressed on into the new day. They were not reformers in the sense of aggressively attacking the things in which they did not believe; they were always so intent

on bringing into their lives the power of higher ideals that they served their fellows best, not by what they destroyed, but by what they revealed and made credible. To many who surrounded them those eager seekers for the better life seemed to be pursuing dreams as evanescent as the rainbow and seeking ends as unreal as the pot of gold that lies concealed where the arch of radiant mist rests on the ground. But the mountains stand distinct and immovable, though the near-sighted do not see them; to the far-sighted they are as real and solid as the earth beneath their feet. Men have followed dreams and fallen in a vain, though not always barren, pursuit of them; but those who see further than their fellows and live in the larger relations which their vision reveals to them, are of all men most rational."

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## THE SUPPLY AND DEMAND OF STUDENTS IN THE NURSE TRAINING-SCHOOLS.

By ANNA L. ALLINE

WE have heard not infrequently of late that the number of applicants to the training-schools is decreasing. The facts do not bear out this statement. We find in the statistics that the increase in the number of student nurses is at the rate of several hundred a year. To give it in round numbers: in 1890, there were one thousand five hundred students in the schools; in 1900, eleven thousand; in 1903, the date of the latest available statistics, there were thirteen thousand seven hundred. This goes to show that it is an increase in the demand rather than a decrease in supply. This surely is a matter of encouragement. Nurse training came as a response to a need and has, through the power wrought from intelligence, fidelity and self-sacrifice, become a permanent institution, really essential to the welfare of human kind, and so closely allied to the medical profession that they are inseparable. We may well turn back once more and call to mind that it is woman's work and appeals to all that is highest and best in her. The mother nature always has, and always will, turn to the care of the helpless, whether it is the helplessness of infancy, sickness or old age. It will not change; there will always be that element in it that appeals to woman, and always that nature in woman that responds to the need. We can rest assured of an increasing demand and can be equally sure that there will always be a large proportion of women who prefer this form of occupation to all others.

In preparing to open this discussion, a letter of inquiry was sent to the schools represented in this Society. Many replies were received not